



Volunteers of America®

Alaska

Dear Client,

You have elected to participate in an important two-day alcohol and drug risk reduction program. Please make certain you bring a sack lunch and the \$120.00 class fee (**non-refundable**) which covers the actual cost of materials provided. Checks should be made payable to Volunteers of America. We encourage you to call the People Mover at 343-6543 if transportation is an issue.

The program is called Alcohol & Drug Information School (ADIS). It is designed for people who have begun using alcohol and other drugs, or who are part of a group where some alcohol and drug use is likely. You will be learning new information that helps reduce risk for any future alcohol and other drug related-related problems throughout life.

ADIS provides a clear understanding of how our own biology and our behavior affect our risk for problems. It also helps people understand that many things inside them and within our society influence our choices. You will learn how to respond to these influences in a way that reduces their risk for problems. The class also gives people a clear understanding of how their choices can create risk, and the importance of always making low-risk choices about alcohol and other drugs.

While the program *can* do these things, you are the only one who can share family expectations, values and important information on family history.

If you have questions or concerns please feel free to call me at 265-1906.

Sincerely,

Joy Dossman
Project Coordinator
Volunteers of America Alaska
Direct: 907-265-1906
Main Office: 907-279-9634

Volunteers of America Alaska
509 W. 3rd Ave, Suite 103, Anchorage Alaska 99501

Alcohol & Drug Information School (ADIS) REGISTRATION

Client name _____ Ethnicity _____

Email _____ Phone _____

Mailing address _____

City _____ Zip _____

Date of birth _____

Emergency contact name _____

Daytime phone _____ Cell or other _____

Referral Source for Certificate: _____ Fax number: _____

ADIS class dates _____ to _____

ADIS is NOT covered under Treatment Services and medical billing is not accepted. We only accept full payment in the form(s) of cash or check. Upon completion of the ADIS course, a Certificate of Completion will be issued in the client's name and given to the client. Please file it among your other important documents and records for safekeeping.

I understand that I will have to pay a \$10 fee to Volunteers of America if I request a new certificate of completion for ADIS. I understand the \$120 registration fee is non-refundable.

Client Signature

Date

Alcohol Drug Information School
CONSENT for the RELEASE of CONFIDENTIAL INFORMATION

Client Name: _____ DOB: _____

Date of authorization: _____ Referred By: _____

I authorize Volunteers of America to release the following information, including written, verbal and facsimile, to **Alcohol Safety Action Program (ASAP)**

_____ **Registration Information** _____ **Attendance of ADIS**
initial: (Client) initial: (Client)

_____ **Notice of completion/ non-completion**
initial: (Client)

This information is for the purpose of: (initial each)

_____ **Compliance** _____ **Data collection**
initial: (Client) initial: (Client)

I understand that the information to be released includes information regarding drug/alcohol use education. _____
initial: (Client)

I understand that my records are protected under the federal regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at anytime except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Expiration date (6 months from now) or date when consent expires:

(expiration date) initial: (parent) (student)

student signature _____ **date** _____

**signature of parent, guardian
or authorized caregiver
of students under age 18** _____ **date** _____



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ADIS Client Contract

Respectful behavior and attitudes are expected toward staff, other clients, the facility and facility staff. This will ensure a positive environment for everyone.

Clients may not arrive at the site more than 15 minutes before class. ADIS classes will begin promptly at 9:00am and finish at 3:00pm. We have a lot to cover and won't have time to repeat, or bring late arrivals up to speed. Tardiness of more than 15 minutes will be considered an absence. Absences will result in starting the 2-day course over on the next available cycle. For purposes of record keeping, all clients will sign in and sign out of class each day.

Two ten-minute breaks will be provided each morning and afternoon, with a 30-minute break at lunch. Clients need to bring their own lunches. We are responsible for keeping the facilities clean. Food and drinks are allowed only in designated areas.

Clients will be free of alcohol and other drugs when present at ADIS. If a client is suspected of being under the influence of alcohol or other drugs, the police will be notified and or you will be required to leave.

Clients agree to participate in a pre and post-survey for evaluative purposes.

I agree to abide by these rules and to participate fully in the ADIS Program. I understand that the program is available to me as a beneficial option, revocable at any time for my violation of rules. I also understand that any violation and ensuing action will be reported directly to my probation officer.

Client signature

Date

****As parent/legal guardian of _____, I give Volunteers of America permission to administer the confidential follow-up survey to my son/daughter at his/her school within six months after completion of ADIS.**

Parent/guardian signature

Date